

# Children's Cabinet

March 23, 2021

# Agenda – 4pm-5:15pm

- Welcome, Introductions, and adoption of minutes (2 min)
- Child care stabilization fund (10 min)
- FY22 Budget Survey – Initiatives for Children & Families (30 min)
- LEAP Task Force Presentation (15 min)
- Public Comment (15 min)
- Adjournment



# RI's Child Care Stabilization Plan

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Utilizing the Coronavirus Response and Relief  
Supplemental Appropriations Act (CRRSA)

**RHODE  
ISLAND**

# Overview of CRRSA

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- The Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) allocated approximately \$10 billion in supplemental funding for the Child Care and Development Fund (CCDF) to prevent, prepare for, and respond to coronavirus.
  - Funds may be used to provide direct child care services; resources, supplies and/or technical assistance; stabilization grants to support increased operating expenses; and assistance to CCDF-eligible providers not participating in the subsidy system prior to the pandemic.
- RI allocation: \$23,867,232
- RI was the first state in the nation to submit, and receive conditional approval on, its CRRSA plan for RI's child care stabilization and recovery. The plan was submitted by the RI Department of Human Services (DHS).

# Region 1 Approach | A Common Framework

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## Background & Overview:

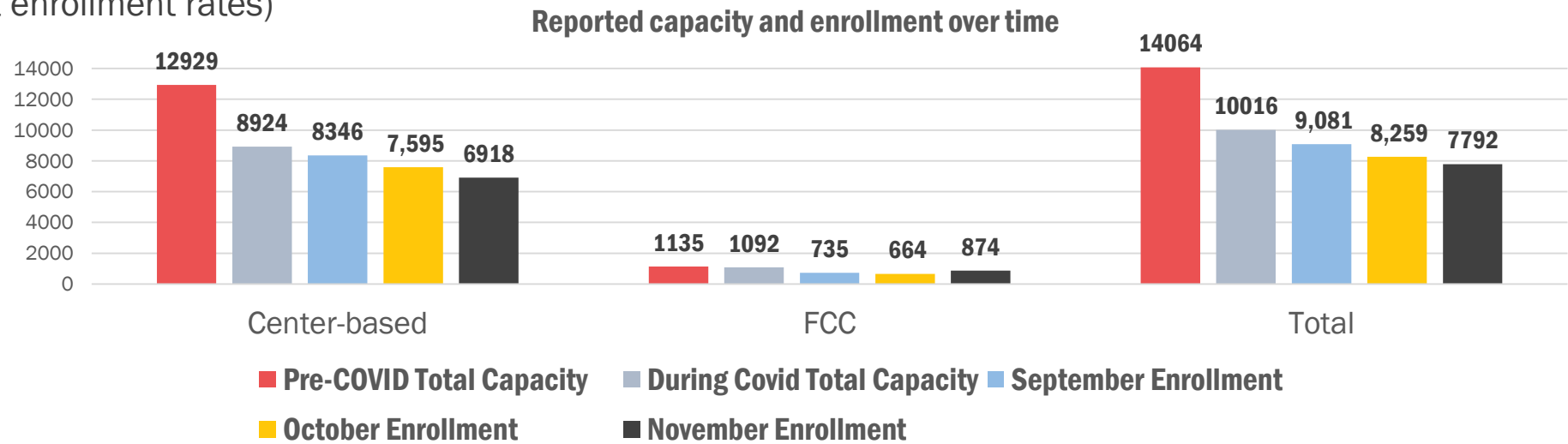
Since November 2020, Region 1 States (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island & Vermont) have convened regularly to conceptualize a common framework for federal stimulus fund disbursement to child care providers who have experienced financial and operational hardship due to the COVID-19 pandemic. This work also includes collective thinking about leveraging funds in ways that lead to long term early childhood systems improvement across New England.

## Vision:

Each New England state will commit a minimum of sixty-five percent (65%) of their CCDF federal stimulus fund from the CRRSA to this common framework for grant disbursement. This will preserve state autonomy to distribute the remaining thirty-five percent (35%) of their federal allocation to their child care system to meet the unique needs of local communities while ensuring that there is regional consistency for the child care industry.

# Need Determination: Reduced Enrollment

- Grant methodology was informed, in part, by data collected via surveys administered in Fall 2020 to licensed child care providers to understand the impact of COVID-19 on their businesses and the families they serve.
- Total enrollment (across family child care (FCC) and center-based providers) has decreased steadily and significantly as compared to pre-COVID total capacity. On average, DHS-licensed child care providers report a **25% reduction in enrollment due to COVID-19**.
  - Center-based providers experienced a larger relative decrease as compared to FCCs (-46% and -41%, respectively, at their lowest enrollment rates)



- The number of children enrolled in CCAP has also decreased 44% since March 2020

# DHS Payment Practices & Recovery Efforts to Date

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In response to this data, the Department of Human Services has operationalized the following COVID-19 payment practices to account for reduced enrollment, increased operating costs and disrupted services due to the mandated closure period in the spring of 2020. These efforts will enhance, not supplant, the additional federal aid made available to child care programs through the Commerce (CRF,) SBA loans and federal Head Start funding.

- Administer a temporary, enhanced COVID-19 CCAP reimbursement rate for child care providers. This enhance rate reimburses providers at the 5-star level regardless of their quality rating
- Reimburse for CCAP services based on enrollment, not attendance
- Waive the allowable absence policy for CCAP families
- Administer a \$5M Child Care Recovery Fund
- Established a multi-million dollar testing infrastructure for teachers and child care educators statewide
- Waive copays for all CCAP families during the mandated closure period (as well as March-September 2021)

# Stabilization Grant Methodology

*Grant award methodology was determined by calculating the lost revenue associated with a 25% reduction in enrollment.*

- For centers, methodology was calculated by classroom on a per month rate to accurately account for operating costs associated with stable staffing patterns and utilization.
- For family child care, methodology was calculated by program on a per month rate to accurately account for staffing levels & reduced enrollment.

The lost revenue associated with this reduced enrollment also maps to two other data points captured by the surveys administered by DHS in the fall of 2020.

- Lost revenue (per month) during the mandated closure period
- Lost revenue associated with a two-week closure due to quarantine/possible exposure risk of COVID-19



# RI's Initial Plan for Child Care Stabilization

**Vision:** All DHS-licensed child care programs approved to reopen and committed to serving children in-person will be eligible to receive a Child Care Stabilization Grant. Child care providers will apply online for a grant award reflective of their licensed capacity. These funds are intended to support the child care system's recovery during the COVID-19 pandemic with key focus on specific categories of spending designed to stabilize the program's ability to effectively and safely serve young children.

**Funding Levels:** Centers will receive a classroom-based stipend. Family child care will receive a program-based stipend. Depending upon fund availability and number of applicants, one-month stipends may be issued in repetition until the fund is depleted.

- Center-Based Monthly Stipend (per classroom): \$4,500 (Issued twice)
- Family Child Care Stipend (per program): \$3,000 (Issued once)

These costs reflect the lost revenue associated with operating at 75% capacity during the COVID-19 pandemic (25% reduction in enrollment) for each classroom for one month.

# Key Strategies & Categories of Spending

| Categories of Spending  |
|---|
| PPE & other mitigation strategies to prevent the spread of COVID-19 |
| Capital Improvement Projects  |
| Occupancy (rent, insurance, mortgage, utilities, etc.)              |
| Materials/Supplies  |
| Replenishment of Lost Revenue/Reduced Enrollment                    |
| Wages/Spot-Bonuses  |
| Professional Development/Advanced Coursework for ECE Educators      |
| Variables in Methodology (No particular order)                      |
| Community Need & Equity   |
| Cost of Living  |
| Capacity to Serve   |
| Impact of COVID-19  |
| Quality   |

Region 1 Leads aligned on the following categories of spending as eligible expenses for stabilization grants. These categories would not be all inclusive, or required, but should serve as a recommended guide for programs to plan for spending.

Region 1 Leads aligned on the following variables for fund issuance, with the caveat that metrics and the weight of those variables would differ depending upon the state's prioritization criteria and design of the application.

# DHS Vision for Stabilizing RI Child Care's Workforce

## Workforce Support & Stabilization Vision:

This add-on approach is for licensed centers only. Family child care's workforce stabilization funds will be included in the program-based stipend they receive upfront.

RI will incentivize centers to commit 20% or more of their grant award in Round 1 to direct payments to their workforce (wages, hazard pay and/or spot-bonuses.) Those programs who successfully execute on this vision will receive an additional payment (20% of the Round 1 grant award) to their Round 2 award.

*Example:* A center commits (minimum) 20% of their stabilization grant in wages (one-time stipend, return to work bonus, hazard pay, etc.) and receives a 20% add-on to their total stabilization grant award value upon verification of their execution (invoice, attestation, etc.) The 20% add-on would not necessarily need to be applied to wages, but would be added to Round 2's stipend for the program's discretionary spending.

# Application Process + Technical Assistance

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- DHS is partnering with Public Consulting Group (PCG) to administer the application and technical assistance to ensure that providers are able to access relief funds expeditiously and effectively.
- A simple online application to initiate Application Window #1 will be posted in late March and DHS will accept applications from all providers on a rolling basis. Following the closure of Window #1, Window #2 will open and centers will have the opportunity to receive a second monthly payment and the 20% add-on incentive (if eligible).
- PCG will offer technical assistance (including Webinars and “office hours”) to support providers throughout the application process.
- Additional PDTA will be offered to RI’s child care providers by DHS’ other vendors to ensure a high participation & success rate for child care providers.

# Anticipated Timeline

| Tentative Date | Action   |
|----------------|--|
| Week of 3/15   | ✓ Announcement: Notify providers of application dates, webinar dates, application requirements, etc. |
| Week of 3/22   | Webinar #1: Fund overview; how to apply (there will be 2 separate webinars for FCC and CCC)          |
| 3/29           | Round 1 application goes live  |
| 3/29 – 5/7     | Application Window #1 (FCC + CCC)  |
| Week of 4/12   | Webinar #2: Spending guidance  |
| Week of 6/28   | Webinar #3: Application process for Window #2 (CCC only)   |
| 7/5            | Round 2 application goes live  |
| 7/5 – 7/30     | Application Window #2 (CCC only)   |

# Next Steps

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- ✓ Post the grant application.
- ✓ Continue conducting outreach to providers and provide technical assistance to support providers in preparing to apply.

With questions or feedback, please contact Caitlin Molina, Deputy Director, and Katja Hamler, Senior Project Director, at:

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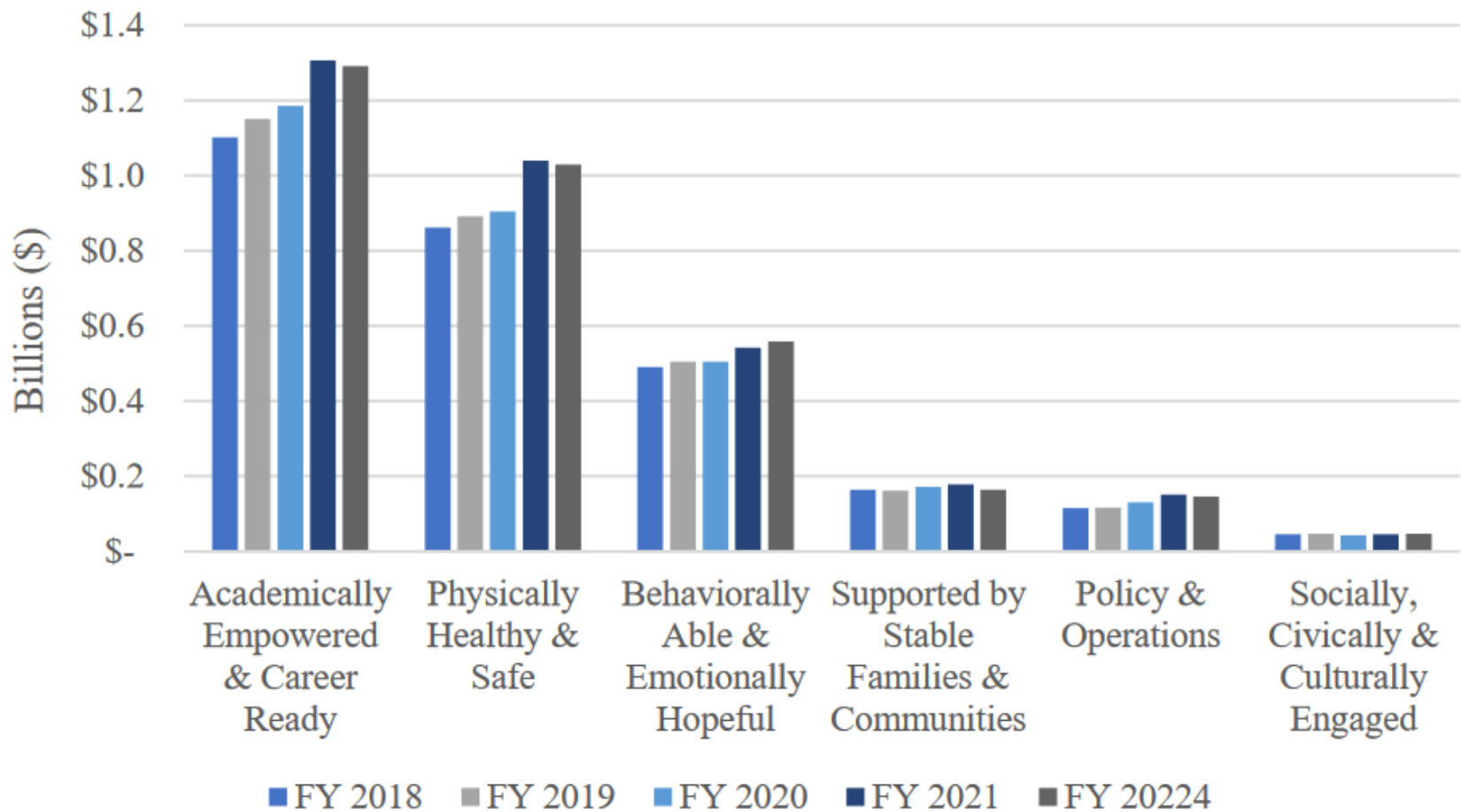
# FY22 Budget for Children and Youth

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Survey of Key Initiatives for Children  
and Youth in the FY22 Budget

# FY22 Budget – Initiatives for Children and Youth

Investments in RI State Budget for Children and Youth, by Desired Outcome Areas





# Executive Office of Health and Human Services



## Key Initiatives for Children and Youth, FY22

- **Investing in Doula Services:** (\$0.1M GR/\$0.3M AF investment): Establishes medical assistance coverage and reimbursement rate for perinatal doula services
- **Investing in Community Health Workers:** (\$0.1M GR/ \$0.3M AF savings): Coverage of CHW services as a Medicaid benefit to assist Medicaid beneficiaries in addressing the social determinates of health. CHWs have demonstrated impact in improving health outcomes, increasing access to care, and reducing healthcare costs, including individuals ages 0-24. Fiscal impact is anticipated to result in savings because of research demonstrating a return on investment.
- **Home Stabilization Rate Increase:** (\$0.7M GR/\$1.5M AF): Funds a rate increase for home stabilization services. This program covers services that support eligible members in identifying, applying for, and navigating housing or rental assistance resources, transitioning into or maintaining housing, and preventing eviction.

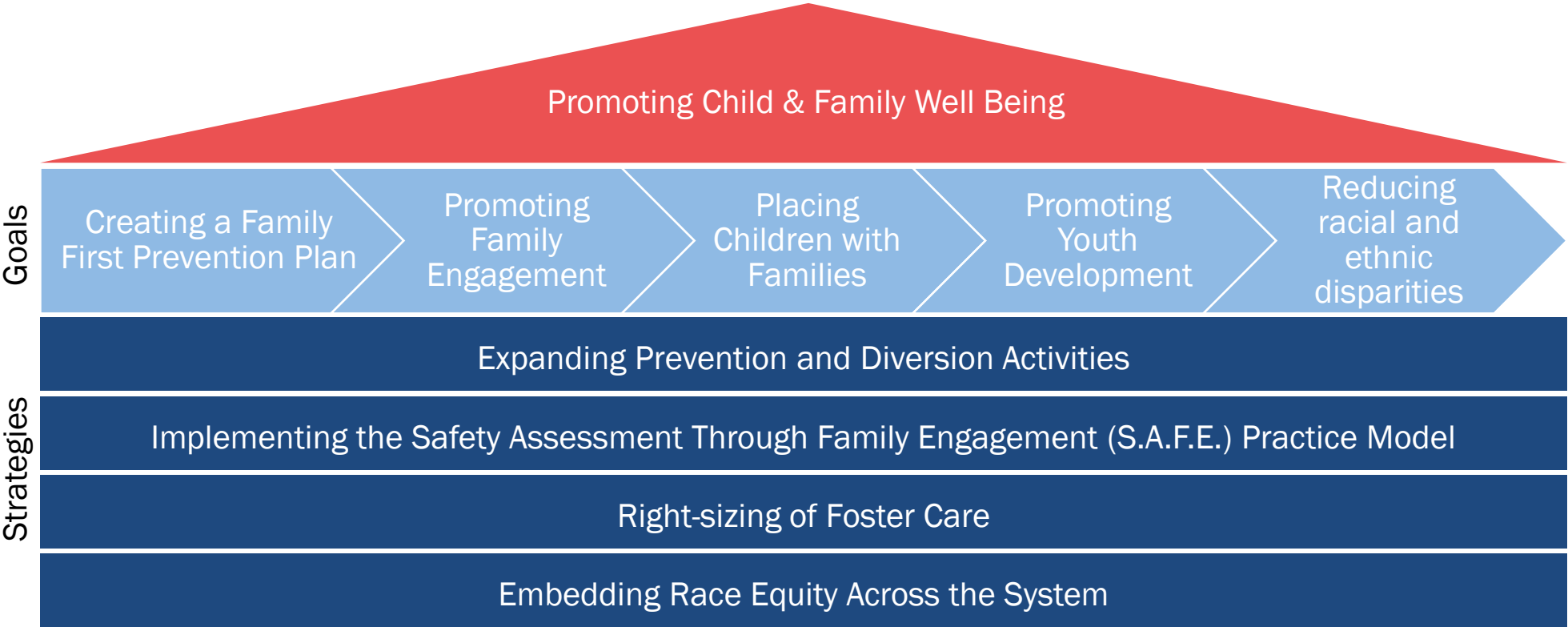
# Department of Human Services

## Key Initiatives for Children and Youth, FY22

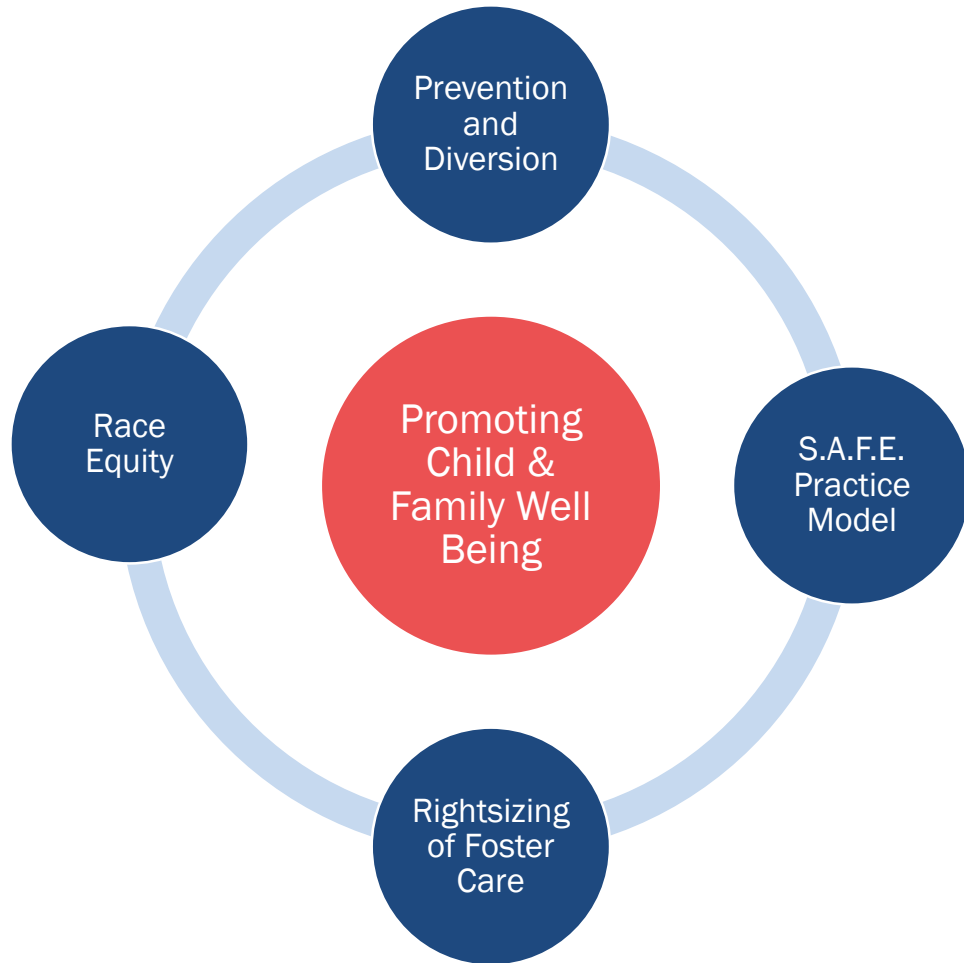
- **Child Care Assistance Program Rates** (\$6.0M Federal Funds): This investment will bring the CCAP base rates for all age groups (infant/toddler, preschool, and school-age) rates to the 25<sup>th</sup> percentile, and the top tier rates to the 75<sup>th</sup> percentile. With this investment, more children who utilize CCAP will have access to high-quality care, and more child care providers will have the resources needed to invest in their staff, facilities, and operations to deliver high quality care. In addition, we are proposing \$200,000 for a pilot program to provide CCAP vouchers to families attending college full time.
- **Rhode Island Works Improvements** (\$331,761 Federal Funds) We are proposing three initiatives to improve Rhode Island Works: (1) provide the RI Works clothing allowance to children ages 0-3, who currently do not get any clothing allowance, (2) allow 18-year-olds to remain in the RI Works program if they are still enrolled in high school, and (3) disregard the income of a RI Works beneficiary for a period of six months (*earned income disregard*).
- **Increase funding for the RI Food Bank** (\$175,000 GR, \$350,000 All Funds): RI Food Bank's 2020 *Status Report on Hunger in Rhode Island* found that 1 in 4 Rhode Island households lack adequate food. However, the problem of food insecurity for kids existed before the pandemic; in 2017, Rhode Island had an overall food insecurity rate of 11.4%.<sup>1</sup> Families of color disproportionately experience food insecurity, and are more likely than white families to live in food deserts. We are proposing to increase the grant to RI Food Bank to address food insecurity for our most vulnerable families.

# DCYF Budget: Promoting Child & Family Well Being

- Governor’s FY 22 recommended DCYF budget of \$264.5M all funds
- FTE cap increases to 627.5



# DCYF Budget Initiative: Investment in Workforce



\$1.7M all funds to support frontline needs

- 12 new positions to recruit, train, license, sustain, and support all foster parents
- 4 child protective investigators
- 1 staff to monitor appropriate placements

Maintains current FSU case support levels

Supports critical Rightsizing of Foster Care Initiatives:

- Comprehensive Kinship Support Programming
- Collaborative *Be An Anchor* campaign
- Recruitment goal of 200 families by end of FY 22

# DCYF Budget Initiative: Female Youth Project



- \$1.0M in general revenue to expand capacity for psychiatric residential treatment for adolescent females and males
- Particularly increases options for females with behavioral healthcare needs that are currently being served in out-of-state facilities
- Promotes family reunification efforts
- Prevents youth from remaining in inappropriate settings due to lack of placement options

# Article 4, Section 6: Implementation of Modern Information System

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- 23-year-old RICHIST system no longer meets DCYF's operational needs.
- Optimize the availability of data to:
  - Inform case management decisions, current and prospective programming.
  - Measure outcomes of our children and families.
  - Meet reporting needs and maximize funding opportunities.
  - Improve interfaces with education, court and HHS systems.
- Maintenance support is increasingly expensive and becoming increasingly scarce.
- Pandemic has further exposed need for technology to support a mobile workforce.
- Budget recommends \$28M over three fiscal years for implementation, beginning in FY 22.

# Office of the Post-Secondary Commissioner

FY22 Budget submission included three initiatives funded with Governor Education Emergency Relief (GEER) funds that directly support the state's higher-education agenda.

- **Early Childhood Education Workforce Center (\$2,400,000):**
  - Design a workforce center in partnership with RIDE and DHS to increase opportunities for career advancement for early childhood workers, create a pathway to higher wages, and increase the quality of childcare
- **Support of Public Higher Education Institutions (\$520,000):**
  - Grants administered by OPC to public higher education institutions that can be used to address one of the following in light of the COVID pandemic:
    - Improve and expand offerings of Dual Credit coursework; Recruitment and Matriculation of students from Rhode Island PreK-12 school districts; Transfer Articulation and Seamless Transfer Pathways between 2 and 4 year degree programs
- **Northern RI Education Center (about \$480,000):**
  - Communicate and deliver higher education and workforce training programs at the Northern Rhode Island Center

# Department of Labor and Training

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## Key Initiatives for Children and Youth, FY22

- **Real Skills for Youth Program** (Proposed \$2.5M):
  - Governor's Workforce Board-funded program, currently implemented by 19 grantees (mostly community-based organizations)
  - Provides career exploration and work-based learning to youth ages 14-24 in summer and academic year
  - Program goals are for youth to understand career options, develop essential skills, understand work norms and culture and build professional networks
  - Almost 6,000 youth served since launch in FY19





# Department of Labor and Training

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## Key Initiatives for Children and Youth, FY22

- **PrepareRI Internship Program (Proposed \$1.0M):**
  - Governor's Workforce Board-funded program, implemented by Skills for RI's Future
  - Provides paid summer internships for high school juniors at top RI employers
  - Launched in Summer 2018; in the past three summers, more than 950 students have participated
  - In Summer 2020, SkillsRI pivoted to a virtual model where students formed "corporations" to solve real-world COVID-19 challenges submitted by employer partners
  - Students build essential skills, explore careers, earn wages, and receive college credits
  - Smaller program version provides paid summer internships to first-generation college students

# Department of Labor and Training

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## Key Initiatives for Children and Youth, FY22

- **Title I Youth Workforce Innovation and Opportunity Act (WIOA) Program** (Estimated \$3.3M):
  - USDOL-funded program; administered by the two local workforce boards
  - Comprehensive youth employment program for serving eligible in-school or out-of-school youth, ages 14 to 24, who face barriers in education, training, and employment
  - Local boards grant funds to 6 providers to implement the required 14 program activities



# Department of Labor and Training

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## Key Initiatives for Children and Youth, FY22

- **Work Immersion** (Proposed \$400,000):
  - Governor's Workforce Board-funded program
  - Provides up to 50% wage reimbursements to employers who hire college students and high school career and technical education (CTE) students
- **Police & Fire Relief Fund** (Estimated \$522,000):
  - Tuition benefits for eligible children to the 3 State Institutions of Higher Education

## Key Initiatives for Children and Youth, FY22

- **Family Home Visiting (\$605,538): Creates general revenue funding to maintain programming**
  - Family Home Visiting supports families (pregnancy-child's age 5) who are experiencing stress with necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.
  - In 2019, Rhode Island received approval from CMS under the 1115 Waiver to access Medicaid funding
  - Combined with federal match, the Governor's budget will increase total funding by \$1.4 million.
- **First Connections-Prenatal Expansion (\$95,755): Creates new CNOM program to reach more women prenatally**
  - First Connections is a short-term family home visiting program to support families experiencing stress to have healthier pregnancies, better birth outcomes, and better child outcomes, including school readiness.
  - Combined with federal funds, the Governor's budget will provide total funding of \$226,800.

# RI Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals (RI BHDDH)

## Key Initiatives for Children and Youth, FY22

- **Healthy Transitions 2** (\$1,000,000/year): BHDDH received a 5-year \$5,000,000 grant from SAMHSA for 2020-2025. The \$1,000,000 annual grant funds two sites, The Providence Center (\$320,000/year) and Newport County Mental Health (320,000/year), to provide wraparound services and supports to youth and young adults aged 16-25 with serious mental illness. These services include treatment for mental health and substance use disorders, medication management, nursing assessment and supports, employment and education, case management, and family therapy and psychoeducation. It also funds a full-time project director and a youth coordinator charged with looking at system's issues including policy and program development as related to transitional youth.
- **State Youth Treatment** (800,000/year): BHDDH received a 4-year grant from SAMHSA. The \$800,000 annual grant funds 4 sites, and Private Practice Clinicians in hard to reach areas in the state. The sites are Comprehensive Community Action Program, Family Service of RI, Tides Family Services, and the RI Training School; the Private Practice locations are in Barrington, Exeter, Tiverton, Westerly, and South County. SYT is a comprehensive counseling program that incorporates work on alcohol and other drug problems for youth and young adults ages 12-25. Services include treatment for substance use and mental health disorders, co-occurring treatment, employment, education, family therapy, psychoeducation, and life skills.

# RI Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals (RIBHDDH)

- **Regional Prevention Task Force (RPTF)** coalitions provide primary prevention activities that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. Primary prevention includes interventions, occurring prior to the initial onset of a substance use disorder, through reduction or control of factors causing substance misuse, including the reduction of risk factors contributing to substance use.
- The RPTF coalitions are contained in seven prevention regions:
  - Region 1- Southern Providence County
  - Region 2- Northern Providence County
  - Region 3- Providence
  - Region 4- Kent County
  - Region 5- East Bay
  - Region 6- Newport County
  - Region 7- South County

# RI Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals (RIBHDDH)

- Rhode Island Student Assistance Services (RISAS) reduce risk and increase protective factors related to substance use and other behavioral health problems among youth, ages 12-18, by implementing the evidence-based program, Project SUCCESS, in 57 schools spanning 32 communities. Project SUCCESS combines universal, selected and indicated strategies to middle and high school students.

RISAS delivers the following core components in each identified school:

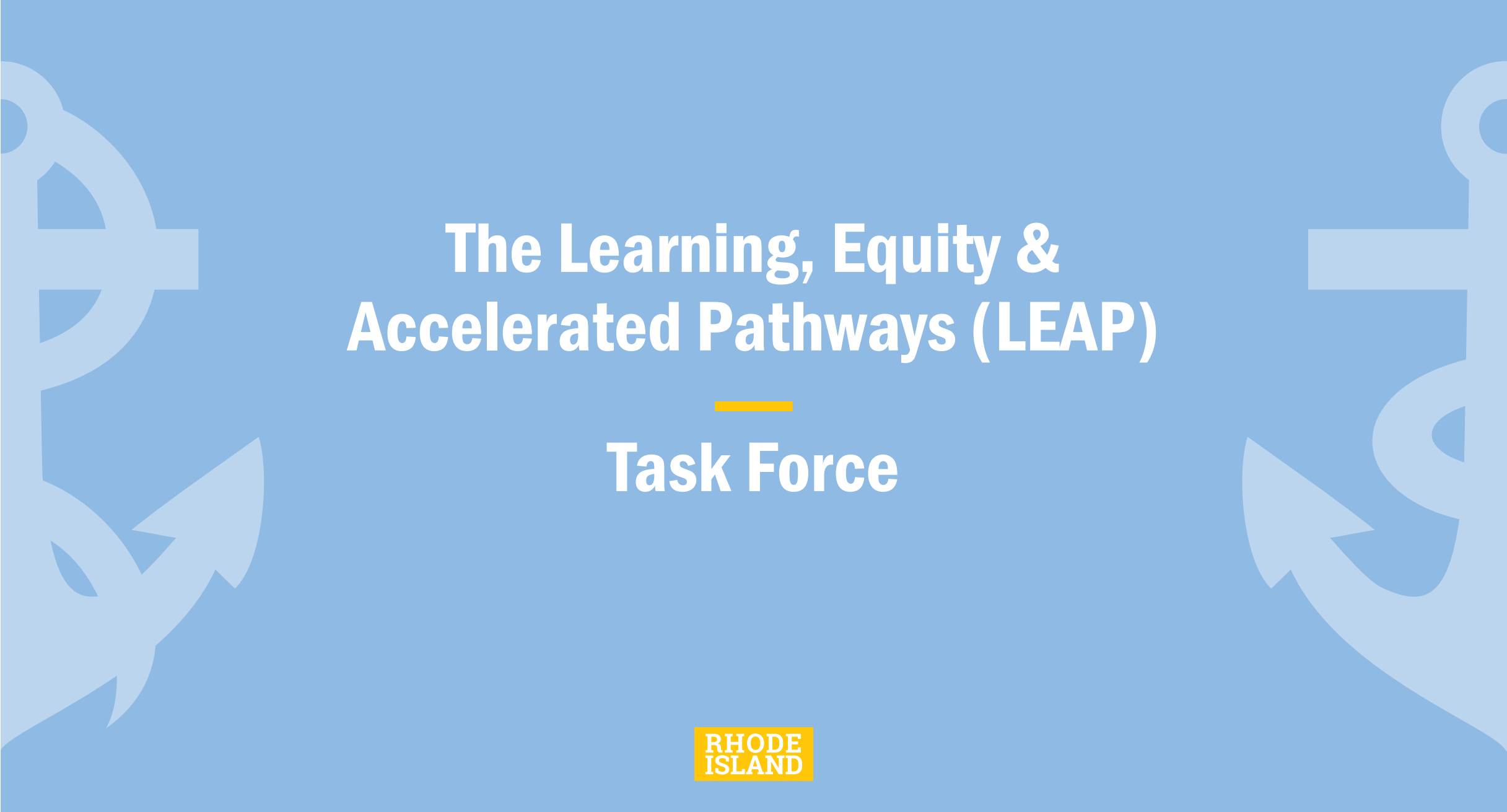
- Prevention Education Series (PES): The PES is designed to achieve the following goals: 1) Increase students' knowledge of the negative effects of ATOD use; 2) Decrease favorable attitudes about ATOD use; 3) Correct erroneous perceptions about the prevalence and acceptability of ATOD; 4) Increase students' knowledge of and comfort with resistance skills and other social skills; and 5) Decrease unhealthy ATOD behaviors. In addition, the PES is designed to encourage substance using teens and teens who have substance abusing parents to self-refer to the SAC.
- Assessment, Screening, Case Management and Referral: Master's Degree Level Student Assistance Counselors (SACs) complete a 1-3 session assessment on every student referred in order to screen for primary problem and services needed. SACs utilize the Project SUCCESS assessment protocol.

# RI Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals (RIBHDDH)



- BHDDH also has an memorandum of understanding (MOU) with the RI Department of Children, Youth and Families (DCYF) to provide services such as:
  - Kid's Link: a 24/7 behavioral health triage service and referral network in partnership with Bradley Hospital, Hasbro's Children's Hospital, Lifespan, and Gateway Healthcare
  - Youth Advocacy Program (YAP) for children with serious emotional disturbance (SED) and their families
  - Peer support and family education





# **The Learning, Equity & Accelerated Pathways (LEAP)**

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## **Task Force**

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# Rhode Island LEAP Task Force Cadence

| Cadence          | Purpose                         | Topics Addressed   |
|------------------|---------------------------------|--|
| 2/11,<br>11:45am | Task Force Launch Session       | Remarks from the Commissioner, the Governor-designate, Chair Cottam, and a keynote address from the 10 <sup>th</sup> U.S. Secretary of Education Dr. John King Jr. |
| 2/16<br>8:30am   | Understanding Root Causes       | Academic and non-academic data along with key analytic insights with Curriculum Associates, Renaissance Learning, and Scott Gausland                               |
| 2/23<br>8:30am   | Drawing Upon National Expertise | Expanded learning opportunities with Dr. Jennifer McCombs, RAND & Dr. Matthew Kraft, Brown University  |
| 3/2<br>8:30am    | Drawing Upon National Expertise | Serving the needs of diverse populations with Dr. Marc Brackett, Yale University; Dr. Madeline Mavrogordato, MSU; and Dr. Nathan Jones, Boston U                   |
| 3/9<br>2:00pm    | Drawing Upon National Expertise | Thinking through a whole-of-system response via an equity lens with Dr. Kenneth Wong, Brown; & Prof. Paul Reville, Harvard   |
| 3/16<br>8:30am   | Recommendations                 | Deliver draft recommendations of task force to the Commissioner  |
| 3/23<br>8:30am   | Recommendations                 | Finalize revised draft recommendations of the task force to the Commissioner.  |

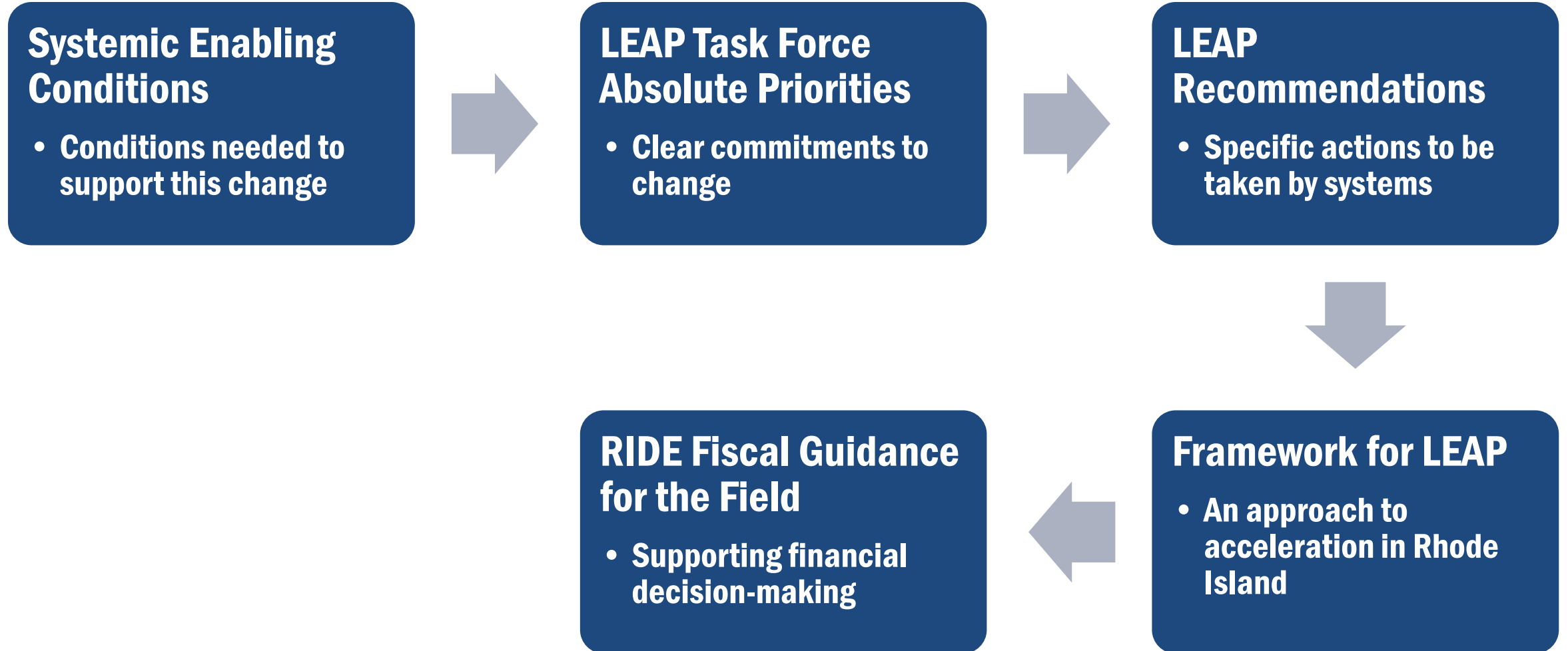
# Theory of Action

**Local Education Agencies (LEAs) are in the best position—in collaboration with their community stakeholders—to accelerate learning and meaningfully support students, families and educators. RIDE’s role is to empower districts, support conditions for success, and hold districts accountable.**

| If RIDE...   | Then Rhode Island will...   |
|--|---|
| 1. Engages in a collaborative solution-oriented process, focused on collectively accelerating student learning for the state's most impacted populations | Form solutions-oriented partnerships and realize economies of scale to create impactful, efficient solutions that serve Rhode Island students where they attend school, live, and play. |
| 2. Grounds its strategy in data and in research or evidence-based best practices   | Strategically invest resources in a limited set of solutions with a track record of success in supporting and transforming outcomes for students.                                       |
| 3. Identifies, communicates, and supports targeted high priority standards/models for accelerating learning  | Focus our energies on collectively implementing a few high-value activities that will quickly accelerate student learning.  |
| 4. Creates the conditions and structures that enable LEAs to collectively accelerate student learning  | Ensure our entire system will move in coordination and with intentionality to respond to the clear and present needs of students, families, and educators, while accelerating learning. |



# The Work of LEAP



# Recommendations: Systemic Enabling Conditions

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In order to meet the urgency of this moment and achieve the recommendations, goals, and beliefs laid out by the LEAP Task Force, certain enabling conditions must be met at the systems level.

1. Address systemic racial inequities in Rhode Island's educational system.
2. Center the voices of students and families in all of our work, across the entire system.
3. Prioritize cross-sector partnership and intentional collaboration across Rhode Island's entire education system-- between PK-12 and IHEs, between LEAs and CBOs, between municipalities, mayors, and the state-- to implement collective impact approaches.
4. Codify collective action and shared accountability across all systems.



# Recommendations: Five LEAP Absolute Priorities

The LEAP Task Force believes the following absolute priorities will accelerate student learning and move our PK-12 system forward. This work must elevate and center the needs of Rhode Island students who are multilingual, differently-abled, and who live in the urban core through an explicitly anti-racist, equity-focused lens.

1. Energize our school communities— students and educators— by launching a back-to-school campaign and statewide toolkit, with attention to students who are chronically absent and opportunity youth.
2. Ensure all students have access to high-quality and personalized support from adults, both during the school day and through extended learning, partnerships for before/after school, or summer learning opportunities.
3. Universally screen all students and align resources to need.
4. Improve and support student transitions, across grades and systems.
5. Close the digital divide.



# Recommendations: Whole of System - SEA

The LEAP Task Force believes RIDE, LEAs, and CBOs must, when able, work together to create coordination and coherence, while also recognizing the unique vantage points, policy levers, and expertise each sector brings to the challenge at hand.

- In support of the LEAP absolute priority statements, RIDE should...
  - Seize this opportunity to tackle structural educational inequities across the state through anti-racist and anti-bias policies and practices.
  - Elevate LEAP absolute priorities to support these recommendations with the power of policy and regulation.
  - Create alignment across pre-existing systems, partnerships, and initiatives—between EOHHS, DOH, DCYF, RIDE, and others.
  - Launch Summer 2021 work and begin planning programming to lead a statewide summer program in Summer 2022 using ESSER III funds, elevating student interest for that programming both responds to and is designed around engagement.
  - Advance RIDE's shift from compliance toward support by aligning ESSER I, ESSER II, and ESSER III stimulus funds and support LEAs with making strategic decisions.
  - Provide public transparency for ESSER I, ESSER II, and ESSER III spending and outcomes.



# Recommendations: Whole of System - LEA

The LEAP Task Force believes RIDE, LEAs, and CBOs must, when able, work together to create coordination and coherence, while also recognizing the unique vantage points, policy levers, and expertise each sector brings to the challenge at hand.

- In support of the LEAP absolute priority statements, LEAs should...
  - Tailor time and energy to provide targeted, progressive supports to those most in need, with particular attention to those who have been historically marginalized.
  - Untether learning from seat time and reimagine what mastery looks like.
  - Focus on bundles of high priority standards for additional emphasis, while using high quality instructional materials, including during summer and other extended learning time opportunities.
  - Leverage community partners to provide enrichment, extended learning opportunities, and summer learning programs.
  - Remove barriers to collaboration, including the sharing of data to allow students to be well-served and have needs met.
  - Reconfigure human capital to support the reorientation of LEAs toward urgent student support.





# Recommendations: Whole of System - CBO

The LEAP Task Force believes RIDE, LEAs, and CBOs must, when able, work together to create coordination and coherence, while also recognizing the unique vantage points, policy levers, and expertise each sector brings to the challenge at hand.

- In support of LEAP absolute priority statements, CBOs should...
  - Provide programming that promotes academic growth and social-emotional wellbeing, but also meets student demand, ensures students attend, and keeps students highly engaged
  - Leverage existing relationships with students and families to engage students in extended or enrichment learning opportunities; provide students the opportunity to know and grow alongside the same adults
  - Intentionally partner with municipalities, parent organizations, and school systems, for program design and recruitment
  - Create intentional engagement with and alignment to LEAs, for many reasons, including: (a) equitably identifying students most at need for programs; (b) for staffing or aligning content, where appropriate; (c) for coordination and facility use; and (d) for including creating feedback loops to share data and student information with school systems and bridge the gaps
  - Engage in professional learning to better be able to serve multilingual learners and differently-abled students



# Public Comment

